



13:23 FAX 914 969 2992

RAYMOND A. JOAO

007/019

PTO/SB/17 (10-08)  
Approved for use through 09/30/2010, OMB 0851-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4918).

## FEE TRANSMITTAL For FY 2009

Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT** (\$ 1,055.00)

**Complete If Known**

Application Number	10/764,632
Filing Date	JANUARY 26, 2004
First Named Inventor	RAYMOND A. JOAO
Examiner Name	V. LUBIN
Art Unit	3626
Attorney Docket No.	RJ213

**METHOD OF PAYMENT** (check all that apply)

Check  Credit Card  Money Order  None  Other (please identify): \_\_\_\_\_

Deposit Account Deposit Account Number: \_\_\_\_\_ Deposit Account Name: \_\_\_\_\_

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below  Charge fee(s) indicated below, except for the filing fee

Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17  Credit any overpayments

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**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

<u>Application Type</u>	<u>FILING FEES</u>		<u>SEARCH FEES</u>		<u>EXAMINATION FEES</u>		<u>Fee Paid (\$)</u>
	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	
Utility	330	165	540	270	220	110	
Design	220	110	100	50	140	70	
Plant	220	110	330	165	170	85	
Reissue	330	165	540	270	650	325	
Provisional	220	110	0	0	0	0	

**2. EXCESS CLAIM FEES****Fee Description**

Each claim over 20 (including Reissues)

**Small Entity**

Fee (\$)

Fee (\$)

Each independent claim over 3 (including Reissues)

52

26

Multiple dependent claims

220

110

**Total Claims**

390

195

**Extra Claims**

Fee (\$)

**Fee Paid (\$)**

Multiple Dependent Claims

**Fee (\$)****Fee Paid (\$)**

- 20 or HP = \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_

HP = highest number of total claims paid for, if greater than 20.

**Indep. Claims**

Fee (\$)

**Fee Paid (\$)**

Fee (\$)

Fee Paid (\$)

- 3 or HP = \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_

HP = highest number of independent claims paid for, if greater than 3.

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

**Total Sheets** **Extra Sheets** **Number of each additional 50 or fraction thereof** **Fee (\$)** **Fee Paid (\$)**  

$$- 100 = \text{_____} / 50 = \text{_____} \text{ (round up to a whole number)} \times \text{_____} = \text{_____}$$

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

**Fee Paid (\$)**

Other (e.g., late filing surcharge): ISSUE FEE (\$755.00) AND PUBLICATION FEE (\$300.00)

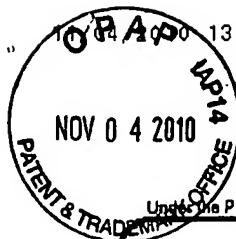
\$1,055.00

**SUBMITTED BY**

Signature		Registration No. (Attorney/Agent)	35,907	Telephone	914-969-2992
Name (Print/Type)	RAYMOND A. JOAO			Date	11/4/10

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.



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NOV 04 2010

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**2. EXCESS CLAIM FEES****Fee Description**Each claim over 20 (including Reissues)  Fee (\$)  
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220 110Multiple dependent claims  Fee (\$)  
390 195Total Claims  Extra Claims  Fee (\$)  
Fee Paid (\$)- 20 or HP =  x \_\_\_\_\_ = \_\_\_\_\_  Fee (\$)  
Fee Paid (\$)

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims  Extra Claims  Fee (\$)  
Fee Paid (\$)- 3 or HP =  x \_\_\_\_\_ = \_\_\_\_\_  Fee (\$)  
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Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof  Fee (\$)  
Fee Paid (\$)- 100 =  / 50 =  (round up to a whole number) x  =  Fee Paid (\$)100 =  / 50 =  (round up to a whole number) x



RAYMOND A. JOAO, ESQ.  
122 BELLEVUE PLACE  
YONKERS, NEW YORK 10703  
(914) 969-2992

## **FAX COVER SHEET**

To: The United States Patent and Trademark Office  
From: Raymond A. Joao, Esq.  
Date: November 4, 2010  
Fax No.: 571-273-2885  
No. Pages: 19 (including cover)

Re: ISSUE FEE TRANSMITTAL LETTER - U.S. Patent  
Application Serial No. 10/764,632

To Whom It May Concern:

Please find transmitted herewith an ISSUE FEE TRANSMITTAL LETTER, with accompanying documents, for filing in the above-identified application.

Respectfully Submitted,



Raymond A. Joao  
Reg. No. 35,907

I hereby certify that this correspondence is being transmitted via facsimile transmission to the United States Patent and Trademark Office at 571-273-2885 on November 4, 2010.



Raymond A. Joao

RJ213

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT : RAYMOND A. JOAO

SERIAL NO.: 10/764,632

FILED : JANUARY 26, 2004

FOR : APPARATUS AND METHOD FOR PROVIDING INSURANCE PRODUCTS, SERVICES AND/OR COVERAGE FOR LEASED ENTITIES

EXAMINER : V. LUBIN

GROUP : 3626

ALLOWED : OCTOBER 28, 2010

CONFIRMATION NO.: 9076

Mail Stop ISSUE FEE  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, Virginia 22313-1450

ISSUE FEE TRANSMITTAL LETTER

Sir:

Applicant submits herewith the following papers for entry in the above-identified application:

1. ISSUE FEE TRANSMITTAL FORM PTOL-85;

2. Credit Card Payment Form for \$1,055.00 for payment of the Issue Fee (\$755.00) and for payment of the Publication Fee (\$300.00);
3. Fee Transmittal Sheet (in duplicate) for the payment of the Issue Fee (\$755.00) and for the payment of the Publication Fee (\$300.00);
4. STATEMENT OF NEW DETERMINATION OF SMALL ENTITY STATUS, FOR PAYMENT OF ISSUE FEE, PURSUANT TO 37 C.F.R. §1.27(g); and
5. COMMENTS ON STATEMENT OF REASONS FOR ALLOWANCE.

As noted above, Applicant submits herewith an ISSUE FEE TRANSMITTAL FORM PTOL-85 along with a Credit Card Payment Form for \$1,055.00 for payment of the Issue Fee of \$755.00 and for payment of the Publication Fee of \$300.00 for the above-identified application. A Fee Transmittal Sheet (in duplicate), for the payment of the Issue Fee and the Publication Fee, is also submitted herewith.

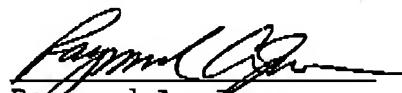
Applicant respectfully requests that the above-identified Issue Fee payment of \$755.00 be applied towards payment of the Issue Fee in the above-identified application. Applicant also respectfully requests that the above-identified Publication Fee payment of \$300.00 be applied towards payment of the Publication Fee in the above-identified application.

Applicant also submits herewith a STATEMENT OF NEW DETERMINATION OF SMALL ENTITY STATUS, FOR PAYMENT OF ISSUE FEE, PURSUANT TO 37 C.F.R. §1.27(g). Applicant is a Small Entity and, therefore, Small Entity Status is entitled to be asserted for the above-identified application.

Applicant also submits herewith a COMMENTS ON STATEMENT OF REASONS FOR ALLOWANCE for entry in the above-identified application.

Applicant respectfully requests that the above-identified papers and the payments of the Issue Fee and the Publication Fee be entered into the above-identified application.

Respectfully Submitted,



Raymond A. Joao  
Reg. No. 35,907

November 4, 2010

Raymond A. Joao, Esq.  
122 Bellevue Place  
Yonkers, New York 10703  
(914) 969-2992